

FACT SHEET

How Do I Select the Appropriate Type of Interpreter for a Service?

Across the human services, there is increasing agreement that the use of a qualified¹ (e.g., trained) interpreter is the preferred choice for delivering services. Currently, neither legislation nor funding exists in Ontario, with the exception of some parts of the legal/justice sectors, to support the consistent use of qualified interpreters.

In light of this, the human services sector makes use of different types of interpreters to meet the linguistic needs of clients. These can be divided into two main categories:

- Ad hoc interpreters or unqualified interpreters, including relatives and friends of service users, untrained volunteers or staff, and
- Qualified interpreters, including trained volunteers, trained staff, and professional interpreters.

Ad Hoc Interpreters - Family Members and Friends

Some organizations use family members, including children and spouses, or friends as interpreters, although generally organizations strive not to use children.

There are several advantages to using family members or friends to interpret for a service user. First, they are already available and they provide services voluntarily. This reduces the amount of time staff and organizations spend recruiting, training or matching service users with interpreters. Second, it reduces or eliminates the costs associated with the hiring a qualified/professional interpreters. Third, family members and friends may be familiar with the client's conditions/needs and their presence may provide comfort to the service user.

However, there are also disadvantages to using family members and friends as interpreters. First, the presence of a family member/friend may inhibit the service user from discussing certain issues that they may be embarrassed about or do not wish to share for other reasons (i.e., some issues may be "taboo" to discuss). Second, familial roles and relationships may influence how a client responds to questions. Third, family members/friends may not understand/translate jargon/terminologies (e.g. medical or legal terminology). Fourth, there is also a risk that family members/friends may filter/change what is said because they want to:

- Protect the service user from bad news, or decided to tell them in private later
- Withhold information about side effects, believing that it will improve compliance
- Hide the true causes of an injury

Fifth, there is increased risk of "errors" which may result in the service user experiencing delayed care and/or which leave the organization open to lawsuits (e.g. related to misdiagnoses in health settings).

¹ "Qualified" refers to interpreters who are trained according to a program generally accepted as being 70 – 120 hours in duration and includes core competencies in the areas of ethics, skills and sector specific knowledge, and further that the same interpreters have passed an acceptable language interpretation test, such as ILSAT or CILISAT with a score of 75% or more. The term "qualified" is used interchangeably with "trained" and "professional".



Ad Hoc Interpreters - Untrained/Untested Volunteers/Staff

In many situations, human service providers are using volunteers or bi-lingual staff to deliver interpretation services. In most cases, these staff and volunteers are not trained or tested in the delivery of interpreter services.

There are advantages to using untrained volunteers/staff to interpret for a service user. First, it reduces costs associated with the hiring a qualified/professional interpreter. Second, because they are often onsite, volunteers and staff are likely to be available for interpretation services when needed. As such, the amount of time service providers and/or administrative staff and organizations spend recruiting, training or matching service users with interpreters is reduced. Third, staff, even if they are not qualified to interpret, will bring a certain level of expertise/knowledge/familiarity about the services that a client is seeking to the engagement. This may contribute to the development of a trusting relationship between the service user and staff interpreter, thereby increasing the likelihood that the service user will follow through with service plans and referrals.

However, there are also negative implications to using untrained and untested volunteers and staff members. First, staff/volunteer availability is not always guaranteed; this may leave other staff scrambling at the last minute to deliver services without an interpreter. Second, although considered bi-lingual; because most staff/volunteers are not trained or tested; their competency is not guaranteed and they may in fact not be effective interpreters. Third, staff/volunteers may feel overburdened by the added responsibilities associated with interpreting in addition to the demands of their “real” roles and responsibilities. As a result, the staff’s overall performance may decrease if they do not have the time or focus to perform their jobs satisfactorily. Fourth, staff will be in a conflict of interest situation, as they have two different roles they are balancing during the engagement with the service user. On the one hand they are required to faithfully interpret the meaning of words between the service user and service provider, but on the other hand, as a staff person or volunteer they may be exposed to information about either the service user or service provider which results in them assuming an advocacy or service provider role themselves. Fifth, clients may worry about confidentiality when using an interpreter who is not qualified. Finally, there is increased risk of “errors” which may result in the service user experiencing delayed care and/or which leave the organization open to lawsuits (e.g. related to misdiagnoses in health settings).

Qualified Interpreters - Trained and Tested Volunteers/Staff

There are advantages to using trained and tested volunteers/staff to interpret for a service user. First, it reduces costs associated with the hiring a qualified/professional interpreter. Second, because they are often onsite, volunteers and staff are likely to be available for interpretation services when needed. As such, the amount of time service providers/administrative staff and organizations spend recruiting, training or matching service users with interpreters is reduced. Third, staff will bring a certain level of expertise/knowledge/familiarity about the services that a client is seeking to the engagement. This may contribute the development of a trusting relationship between the service user and staff interpreter, thereby increasing the likelihood that the service user will follow through with service plans and referrals.

However, there are also disadvantages to the use of qualified staff and interpreters. First, while there may be costs saving in the sort term, in the long term this solution may be more expensive. Volunteer



turnover, typically is high, as volunteers move on to paid work, and therefore organizations in the long term invest significant resources in volunteer training programs.

Second, staff/volunteers may feel overburdened by the added responsibilities associated with interpreting in addition to the demands of their “real” roles and responsibilities. As a result, the staff’s overall performance may decrease if they do not have the time or focus to perform their jobs satisfactorily. Third, staff will be in a conflict of interest situation, as they have two different roles they are balancing during the engagement with the service user. On the one hand they are required to faithfully interpret the meaning of words between the service user and service provider, but on the other hand, as a staff person or volunteer they may be exposed to information about either the service user or service provider which results in them assuming an advocacy or service provider role themselves. Fourth, clients may worry about confidentiality when using an interpreter who is not qualified. Finally, there is increased risk of “errors” which may result in the service user experiencing delayed care and/or which leave the organization open to lawsuits (e.g. related to misdiagnoses in health settings). In the long term, the use of trained staff and volunteers may be a more expensive, labour intensive, and non- sustainable model

Despite knowledge of disadvantages to using staff as interpreters, it is a fairly common practice in the human services sector. For example Settlement Workers are often called upon to interpret. For more information about the difference between interpreter and settlement worker see [link](#).

Rather than relying on staff to both interpret and provide settlement supports, some organizations have created “peer” models where both supporting the client with “system navigating” and interpretation are included in the job description.

For an example, Access Alliance hires newcomer women as Peer Outreach Workers to participate in a comprehensive training and skills building program that includes interpretation. The Peer Outreach Workers link with immigrant/refugee women and children who speak the same language and support them to access resources in the community, create social support networks, participate more actively in the community, and improve their health and well-being. Peer Outreach workers are placed in partner agencies located in under-services areas across the GTA. [More information on Access Alliance’s Peer Outreach can be found here.](#)

For more information of roles for and the supports that bi-lingual staff provide in the Australian context go to http://www.ceh.org.au/downloads/Language_Services_Good_Practice.pdf).

